

CLAIMS ONLY

Application Number

" Filling" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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50						
Total Indep	20					
Total Depend.	3					
Total Claims	23					